

FROM TREXLER ET AL.

(THU) 12. 9' 04 17:09/ST. 17:00/NO. 4860347485 P 1

**TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD.**  
**COUNSELORS AT LAW**

THE CLARK ADAMS BUILDING  
105 WEST ADAMS STREET, SUITE 3600  
CHICAGO, ILLINOIS 60603-6299  
(312) 704-1890

RICHARD R. TREXLER (1906-1995)  
RICHARD BUSHNELL (1926-2004)  
RICHARD A. GIANGIORGI  
RAIFORD A. BLACKSTONE, JR.  
DAVID J. MARR  
LINDA L. PALOMAR  
JAMES R. FOLEY  
JAMES A. O'MALLEY  
TIMOTHY M. MCCARTHY  
PAIGE A. KITZINGER

**RECEIVED**  
**CENTRAL FAX CENTER**

**DEC 09 2004**

FOUNDED 1890

PATENT, TRADEMARK, COPYRIGHT  
AND RELATED MATTERS: ALL PHASES  
INCLUDING LICENSING AND LITIGATION

FAX: (312) 704-8023  
www.trexlaw.com

**FACSIMILE TRANSMISSION**

TOTAL PAGES (Including Cover Page) 15 DATE: December 9, 2004

Attn: Examiner Temica M. Beamer  
TO: Commissioner of Patents and Trademarks FROM: Raiford A. Blackstone, Jr., Reg. No. 25,156

FAX NO: (703) 872-9306 FAX NO: (312) 704-8023

*If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.*

**ORIGINAL COPY AND ENCLOSURES**

       WILL BE SENT BY        MAIL        COURIER  
  ✓   WILL NOT BE SENT

**NOTES:**

Inventor: N. Craig Brown  
For: SCANNER WITH AUXILIARY  
NON-VOLATILE MEMORY  
Serial No.: 10/811,720  
Art Unit: 2681  
Filed: March 29, 2004  
Attorney Ref.: 220/40789/Case 210

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the Patent  
and Trademark Office to facsimile no. 1-703-872-9308 on:

December 9, 2004  
Date

Amy L. Mitchell  
Amy L. Mitchell

**IMPORTANT NOTICE**

This transmission (including all attached pages) is intended only for the use of the named addressee(s), and may contain information that is privileged or exempt from disclosure under applicable law. **IF YOU ARE NOT A NAMED ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED.** If you have received this transmission in error, please destroy all copies and notify us immediately at this telephone number: (312) 704-1890.

FROM TREXLER ETAL.

(THU) 12. 9' 04 17:10/ST. 17:00/NO. 4860347485 P 2

Attorney Docket No. 220/40789/Case 210

FORM PTO-1083

In re application of: N. Craig Brown  
 Serial No.: 10/811,720  
 Filed: March 29, 2004  
 Art Unit: 2681  
 For: SCANNER WITH AUXILIARY NON-VOLATILE MEMORY

## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number 1-703-872-9308 on:

Dec. 9, 2004

Date

Amy L. Mitchell

Amy L. Mitchell

BOX: AMENDMENT- NON FEE  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to the Office Action mailed September 23, 2004.

The filing fee has been calculated as shown below:

|  | (Col. 1)                         |       | (Col. 2)                        | (Col. 3)      |
|--|----------------------------------|-------|---------------------------------|---------------|
|  | Claims Remaining After Amendment |       | Highest No. Previously Paid For | Present Extra |
| TOTAL  | * 19                             | MINUS | ** 20                           | 0             |
| INDEP.   | * 4                              | MINUS | ** 4                            | 0             |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |       |                                 |               |

| SMALL ENTITY     |           |
|------------------|-----------|
| Rate             | Addl. Fee |
| x25 =            | \$ .00    |
| x 100 =          | \$ .00    |
| + 180 =          | \$ .00    |
| TOTAL ADDIT. FEE | \$ .00    |

| OTHER THAN A SMALL ENTITY |           |
|---------------------------|-----------|
| Rate                      | Addl. Fee |
| x 50 =                    | \$ .00    |
| x 200 =                   | \$ .00    |
| + 360 =                   | \$ .00    |
| TOTAL                     | \$ .00    |

OR

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Enclosed is a Petition For a Two-Month Extension Of Time.
- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ \_\_\_\_\_ for the extension of time fee for a small entity. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2252. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: Dec. 9, 2004

*Raiford A. Blackstone, Jr.*  
 Raiford A. Blackstone, Jr. Reg. No. 25,156  
*Paige A. Kitzinger*  
 Paige A. Kitzinger Reg. No. 45,219  
 Attorneys of Record

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD. • 105 WADAMS ST. • CHICAGO, ILLINOIS 60603 • (312) 704-1890

FROM TREXLER ETAL.

(THU) 12. 9' 04 17:10/ST. 17:00/NO. 4860347485 P 3  
Attorney Docket No. 220/40789/Case 210

FORM PTO-1083

In re application of: N. Craig Brown  
 Serial No.: 10/811,720  
 Filed: March 29, 2004  
 Art Unit: 2681  
 For: SCANNER WITH AUXILIARY NON-VOLATILE MEMORY

## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number 1-703-872-9306 on:

Dec. 9, 2004

Date

Amy L. Mitchell

Amy L. Mitchell

BOX: AMENDMENT- NON FEE  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to the Office Action mailed September 23, 2004.

The filing fee has been calculated as shown below:

|  | (Col. 1)                         |       | (Col. 2)                        | (Col. 3)      |
|--|----------------------------------|-------|---------------------------------|---------------|
|  | Claims Remaining After Amendment |       | Highest No. Previously Paid for | Present Extra |
| TOTAL  | * 19                             | MINUS | ** 20                           | 0             |
| INDEP.   | + 4                              | MINUS | ** 4                            | 0             |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |       |                                 |               |

| SMALL ENTITY     |            |
|------------------|------------|
| Rate             | Addit. Fee |
| x25 =            | \$ .00     |
| x 100 =          | \$ .00     |
| + 180 =          | \$ .00     |
| TOTAL ADDIT. FEE | \$ .00     |

| OTHER THAN A SMALL ENTITY |            |
|---------------------------|------------|
| Rate                      | Addit. Fee |
| x 50 =                    | \$ .00     |
| x 200 =                   | \$ .00     |
| + 360 =                   | \$ .00     |
| TOTAL                     | \$ .00     |

OR

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Enclosed is a Petition For a Two-Month Extension Of Time.
- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$\_\_\_\_\_ for the extension of time fee for a small entity. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2252. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: Dec. 9, 2004

*Raiford A. Blackstone, Jr.*  
 Raiford A. Blackstone, Jr. Reg. No. 25,156  
*Paige A. Kitzinger*  
 Paige A. Kitzinger Reg. No. 45,219  
 Attorneys of Record

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE &amp; MARR, LTD. • 105 WADAMS ST. • CHICAGO, ILLINOIS 60603 • (312) 704-1890

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

PATENT

RECEIVED  
CENTRAL FAX CENTER

DEC 09 2004

Serial No.: 10/811,720 )  
)  
Inventor: N. Craig Brown )  
)  
Filed: March 29, 2004 )  
)  
For: SCANNER WITH )  
AUXILIARY )  
NON-VOLATILE )  
MEMORY )  
)  
Examiner: Temica M. Beamer )  
)  
Art Unit: 2681 )  
)  
Atty. Ref.: 220/40789/Case 210 )

|   |
|---|
| <p align="center"><b>CERTIFICATION OF FACSIMILE TRANSMISSION</b></p> <p>I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (703) 872-8308 on:</p> <p align="center"><u>Dec. 9, 2004</u><br/>Date</p> <p align="center"><u>Amy L. Mitchell</u><br/>Amy L. Mitchell</p> |
|---|

**RESPONSE TO THE OFFICE ACTION OF SEPTEMBER 23, 2004**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In the matter of the above-identified application and in response to the Office Action mailed September 23, 2004, kindly enter the following amendments and consider the following remarks toward reconsideration of the present application.

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**